

Para no 9. Midlands Region

STAFFORD RURAL DISTRICT COUNCIL

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Annual Report of the Medical Officer of Health and
the Chief Sanitary Inspector for the year 1942.

Public Health Department,
7, St. Mary's Grove,
Stafford.

To the Chairman and Members of the
Stafford Rural District Council

August, 1943.

Ladies and Gentlemen,

The Annual Report for 1942 appears in the form which has become familiar in war years - typewritten and abbreviated. This short report gives a brief survey of the work of the Public Health Department during 1942 and for reasons of National Security omits certain of the vital statistics supplied by the Registrar-General. As in former years, the report has been prepared in compliance with the recommendations of the Ministry of Health.

During 1942 the Public Health Officers of the Stafford Rural District Council were:-

A.V. Campbell, M.D., D.P.H., (Liv.),	Acting Medical Officer of Health.
J.W. Cook, M.R.S.I., Certified Meat Inspector, etc.	Chief Sanitary Inspector.
Richard Langmaid, M.R.S.I., Certified Meat Inspector, (resigned in January, 1942, to take up new appointment).	Additional " "
George M. Lawton, M.R.S.I., Certified Meat Inspector, etc. (took up duty in May, 1942).	" " "

AREA, POPULATION AND SOCIAL CONDITIONS:

The area of the Stafford Rural District remained unchanged at 80,249 acres. Agriculture and dairy-farming constitute the main activities of the area, though the County-Town of Stafford attracts a substantial number of employees from the Rural Area. Unemployment does not constitute a problem in the Area. There are 3,943 inhabited houses, the Rateable Value being £71,266 and the sum represented by a penny rate is estimated to be £250.

BIRTHS:

The live birth-rate per 1,000 of the population was 19.3. In 1941 live birth-rate was 17.9; in 1940, 16.8, and in 1939 it was 15.1. The steady increase in the live birth-rate has therefore been maintained.

In 1942 the stillbirth rate was 0.61 as compared with 0.80 in 1941 and 0.95 in 1940. The stillbirth rate per 1,000 total births was 30.7, compared with 42.1 in 1940 and 53.5 in 1939.

During 1942 the rate of illegitimate to legitimate births was 1 in 36, compared with 1 in 23 in 1941.

The live and stillbirth rates per 1,000 of the population for England and Wales in 1942 were 15.8 and 0.54 respectively.

DEATHS:

The crude death rate per 1,000 of the population was 10.5, compared with 11.9 and 14.9 in the years 1941 and 1940 respectively. In 1942 the death rate for England and Wales was 11.6.

The following table shows numbers of Deaths from selected causes in 1942; compared with 1941 and 1940:

	1942	1941	1940
Tuberculosis of Respiratory system	5	4	2
Other forms of Tuberculosis	1	1	-
Influenza	1	3	5
Cancer	27	23	33
Intracranial Vascular Lesions	16	18	24
Heart Disease... ..	47	34	45
Bronchitis	9	14	7
Pneumonia.	4	7	5
Nephritis	2	3	3
Premature Birth	4	5	8
Congenital Malformations, birth injuries and Infantile Diseases	-	2	4

MATERNAL MORTALITY:

During 1942, one death, classified under the heading "Other Maternal Causes", occurred. This gives a rate of 3.4 per 1,000 total births, the rate for England and Wales being 2.01.

INFANTILE MORTALITY:

Five deaths occurred in children under one year of age, compared with 15 and 14 in 1941 and 1940 respectively. The rate per 1,000 live births was 17.3 compared with a rate of 49 for England and Wales. The death rate of legitimate infants per 1,000 legitimate live births was 14.5, while the death rate of illegitimate children per 1,000 illegitimate live births was 125.

LABORATORY EXAMINATIONS:

During 1942 Medical Practitioners in the Rural Area took every advantage of the facilities provided by the County Council's Bacteriological and Chemical Laboratories. Samples of water from various sources in the Rural Area were subjected to Chemical and Bacteriological examination by the expert staff at the County Council Laboratories.

AMBULANCE FACILITIES:

Ambulance arrangements for transport of patients to hospital from the Rural Area were as in previous years.

NURSING IN THE HOME:

The Rural District is completely covered by local Nursing Associations, all of which are affiliated to the County Association. Apart from general nursing, the nurses are engaged in midwifery under the Scheme inaugurated by the County Council and are also engaged in the duties of part-time Health Visitors in the County's Maternity and Child Welfare Scheme. Infant Welfare Centres are open weekly at Great Haywood and fortnightly at Walton and Gnosall, the Centres being well attended.

GENERAL HOSPITAL PROVISIONS:

Stafford Rural Area is adequately provided with a well-equipped Voluntary Hospital in Stafford, together with others in the North and South of the County. In addition, the County Public Assistance Committee maintain an Infirmary with maternity beds in Stafford.

WATER SUPPLIES AND SEWAGE DISPOSAL:

Owing to curtailment of activities due to the War there is nothing new to comment upon under the above heading. After the War there will be wide scope for improvement in essential facilities in many parts of the District, and the Council is fully aware of the great need for such improvements.

HOUSING:

The War has suspended temporarily schemes for Housing which the Council was considering. The provision of adequate houses and the wiping out of over-crowding with its attendant evils will doubtless engage the urgent attention of the Council when hostilities cease.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES:

The Rural District Council is a Constituent Authority of the Mid-Staffordshire Joint Hospital Board, and this Board now provides hospital accommodation for the Area. Appropriate ambulance facilities are available.

The following table shows the number of cases of infectious diseases for the 52 weeks ended 2nd January, 1943:-

	1942	1941
Scarlet Fever	18	19
Whooping Cough... ..	22	71
Diphtheria... ..	5	3
Erysipelas... ..	9	1
Measles... ..	10	162
Pneumonia... ..	12	18
Puerperal Pyrexia... ..	4	1
Cerebro-spinal Meningitis... ..	3	3

Isolation Hospital facilities were afforded where necessary.

DIPHTHERIA IMMUNISATION:

In this connection a satisfactory state of affairs exists in the Rural Area. Children are immunised, following parental consent, in the various schools and Welfare Centres in the Area. At the end of December, 1942, it was estimated that 76 per cent of children under 5 years and 80 per cent of children between the ages of 5 and 15 years had been immunised against Diphtheria. Parents are alive to the fact that Diphtheria is one of the deadly enemies of childhood, and very few parents do not avail themselves of the protection afforded to their children by Diphtheria Immunisation. Diphtheria Immunisation is the responsibility of Local District Councils but the County Council helps in many ways by affording data of non-immunised children, etc. on the lists of Health Visitors. Where no other premises are available, the Education Committee allow the work of immunising children of pre-school age to be carried out in school premises. Immunisation at one year of age will, it is to be hoped, become a routine in every child's life.

No case of Diphtheria in children under 15 years of age occurred in the Rural Area during 1942.

TUBERCULOSIS:

The following figures taken from the Tuberculosis Register show the position at the end of December, 1942:-

	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
Number of cases of Tuberculosis on the Register at the end of December, 1942	41	26	13	23

Total Pulmonary and Non-Pulmonary cases - 103.
Deaths in 1942 included five from Tuberculosis of the Respiratory Centre and one from other forms of Tuberculosis.

Tuberculosis is closely associated with bad hygienic conditions and poverty which entails malnutrition. Thus it is to be hoped that the cheap-milk schemes for mothers and children and milk for school

children will be continued and expended in the post-war period, as milk is one of the best of foods for children. Milk should therefore be plentiful, cheap and safe to drink and the Stafford Rural area, as a dairy-farming area, has an important part to play here. It is to be regretted that "accredited milk" is classed along with heat-treated and T.T. milk, thus giving a false idea of safety to the consumer, as Bacteriological Examination of accredited milk is restricted to tests for cleanliness and none for tuberculosis. Many Authorities have remarked upon the anomalous state of affairs in which Tuberculous meat, which would normally be cooked, can be condemned under present Sanitary Law, whereas tuberculous milk, which is often consumed raw, cannot. Yet the effect of stopping infected milk from being sold would probably be to encourage the production of T.T. or pasteurised milk. Thus the production of a safe milk supply at the present time is a problem requiring urgent solving. Milk could be made clean and safe, yet today in many instances, it is of poor keeping quality, often infected with Tubercle or Abertus Bacilli, and frequently contaminated with pathogenic organisms of human or other origin.

SANITARY CIRCUMSTANCES OF THE AREA: Tabular Statement furnished by the CHIEF SANITARY INSPECTOR:

Houses inspected	...	...	...	853.
Houses repaired	...	...	...	21.
Houses closed	...	...	...	9. (by the Air Ministry).
Drainage defects	...	...	...	30.
Water Schemes	...	...	...	1.
Water Samples	...	...	...	36.
Water Courses Polluted	...	...	...	2.
Samples of Milk taken	...	...	...	14.
Sewers cleared	...	...	...	2.

UN SOUND FOOD SEIZED:

Milk	...	16	tins.
Peas	...	1	tin.
Pilchards	...	1	"
Apples	...	1	"
Tomatoes	...	5	tins.
Pork	...	1	tin.
Prunes	...	2	tins.
Luncheon	...	5	"
Fat	...	5	lbs.
Corned Beef	...	14	"

Dairy Farms inspected	889.
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Alexander Thomson

Medical Officer of Health.

W. Cook

Chief Sanitary Inspector.